

Government of Karnataka



SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)

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Proceedings of the 3rd Empanelment and Disciplinary Committee meeting of Suvarna Arogya Suraksha Trust held on 5th September 2019 in the Conference Hall, Suvarna Arogya Suraksha Trust, Bangalore

Members Present

1	Executive Director, SAST	Chairperson
2	Dr. H. Sudarshan, Karuna Trust	Member
3	Director, HFW Services	
4	Director, Kidwai Memorial Institute of Oncology	Member
5	Deputy Secretary, Law Department represented by Judge	Member
6	Director/Representative, SJICR represented by Dr. A.M. Jagadesh	Member
7	Director/Representative, NIMHANS represented by Dr. V. Bhadri Narayan	Member
8	Dr. Ramya M., M.S. Ramaiah Hospital	Member
9	Dr. Basavaraj Sharanappa Kyathar, Koppal	Member
10	Director (Medical Management), SAST	Member-Secretary

Members Absent

1. Director, Medical Education
2. Deputy Secretary-2, HFW Department
3. Dr. Mohammed Taha Mateen, Bangalore
4. Dr. Shirley M.S. St. John Medical College Hospital
5. Deputed Officer, Vigilance Department
6. Dr. Vijaya Kumar, Bhagawan Mahaveer Jain Hospital

Others present

1. Director (Operations), SAST.
2. Director (Finance), SAST.
3. Chief Vigilance Officer, SAST.
4. Regional Consultant, Bangalore, SAST.
5. Co-ordinator, Grievance Cell, SAST.
6. Dr. Sangeetha, Mortality Audit Cell.

The Executive Director, Suvarna Arogya Suraksha Trust (SAST) and Chairperson, Empanelment and Disciplinary Committee (EDC) welcomed all the Members. She briefed the status of Ayushman Bharat-Arogya Karnataka Scheme. She informed the Committee about the appreciation by NHA in implementation of the scheme and informed that this success of the scheme is possible because of all the experienced inputs of the august members of the Committee in bringing the State such a level and it is one year completed of implementation of this scheme, NHA is celebrating Pakhwara programme. We need to send best practices of the State to NHA. She informed Director (MM) to brief the agenda to the Committee.

Subject No. 3.1

Confirmation of the Proceedings of 2nd EDC meeting held on 4.5.2019.

The proceedings of the 2nd Empanelment Disciplinary Committee meeting was confirmed.

Sub No. 3.2

Review of action taken on the proceedings of the 2nd meeting held on 4.5.2019.

While going through the Action Taken Report (ATR) of the previous meeting, Committee decided as follows:

2.3.4 - Circulation of guidelines of Infection Control Committee prepared by KHSDP could be adopted and give 3 months' time for hospitals to follow the guidelines.

2.11 - Delay in submission of claims - Executive Director informed that claims from hospitals shall be uploaded within the prescribed time since SAST has to settle payment within 15 days otherwise SAST will be imposed penalty from NHA.

Other ATR of the previous meeting proceedings were accepted by the Committee.

Sub No. 3.3

Status of empanelment under Ayushman Bharat-Arogya Karnataka.

Director (Medical Management), SAST explained that total 2806 hospitals under AB-ArK Scheme and under Organ Transplant Scheme 5 hospitals respectively are empanelled. He explained inspection of hospitals details as under.

Sl. No.	Sub No.	Committee decision
1	Consideration of 6 hospitals inspection	Committee decided to continue for another 6 months
3	82 hospitals are inspected by DEC Committee	Committee approved to accept the inspection of DEC Committee
4	As on date provisionally empanelled for 3 months 137 hospitals are to be inspected	EDC Members will inspect hospitals in the districts they had chosen in previous meeting.
5	New hospitals inspected and recommended for empanelment.	Approved to empanel new hospitals.
6	Hospital requested for additional speciality:	Committee approved for additional speciality.
7	Empanelment of single speciality hospital-bed strength:	Committee decided to continue the existing bed-strength for empanelment.

Sl. No.	Sub No.	Committee decision
		Hospital shall mention number of beds allotted for scheme instead of percentage in MoU.
8	Empanelment Border State hospitals	Preference only for Karnataka hospitals empanelment
9		Submission of active and inactive hospitals list for the next meeting
10	Organ Transplant	To have monitoring system

Sub No. 3.4

Empanelment of hospitals for Oncology Speciality.

Director (MM) briefed that some of the hospitals are having single facility under Oncology were permitted to tie-up with the nearby empanelled hospitals having other facilities. Further he informed that some of the hospitals are requesting with the training certificate/fellowship for surgical oncology.

Committee discussed in details distance, qualification of specialists under surgical oncology and felt that MCH certification shall be mandatory for surgical oncology and DM for Medical Oncology and for radiation and medical oncology tie-up shall be in close proximity to the parent hospital.

Decision:

After discussions Committee decided to:

- 1) **MCH certificate for surgical oncology and DM for Medical Oncology is mandatory.**
- 2) **Radiation and Medical Oncology tie-up shall be in close proximity to the parent hospital.**
- 3) **To review the oncology cases referring to border state hospitals following Sub-Committee is to be constituted.**

- **Director, HFW Services.**
- **Director, KIDWAI Institute of Oncology**
- **Dr. Sudarshan.**
- **Director (Medical Management), SAST.**

Sub No. 3.5

Mortality Audit Cell Status.

Director (Medical Management) explained about the status of Mortality Cell and informed that there were about 20 probably preventable death out of 765 reviewed cases. He also reiterated that 100% mortality audits are being performed. He proposed a Committee for mortality audits including in-house doctors with EDC Members for second line assessment for probable preventable death.

During discussions and review of report, Dr. Sudarshan suggested to get explanation from Srinivas Hospital and Kanachur Hospital for high mortality rate.

Decision:

After detailed discussions and review of report Committee decided as follows:

- Discussions of probable preventable deaths on 1st and 3rd Saturday of every month with Director (MM), SAST.
- Constitution of Committee comprising of in-house doctors with EDC/hospital subject matter experts for second line assessment of probable preventable death.
- Obtain explanation from Srinivas Hospital and Kanachur Hospital for high mortality rate.
- Consider the option of Palliative care instead of surgery to justify money spent.

Sub No. 3.6

Grievance Cell Quarterly Report May 2019 to July 2019

Director (Medical Management) explained that SAST has received grievances from various sources. In some cases re-imburement was done to the beneficiaries, show cause notice were issued hospitals and some are under process.

Director (MM) was also explained the proposed penalties on various grounds.

Decision:

After detailed discussions Committee reduced the penalty to be levied as under:

1. Penalty for Pre-authorisation.

PENALTY FOR PRE-AUTHORISATION		
Sl. No.	Preauthorization	Penalty
1	Wrong entry/mistakes by AM	1 st time- Issue warning letter to AM
		2 nd time - penalty of Rs 50/-
		3 rd time - Issue show-cause notice

PENALTY FOR PRE-AUTHORISATION		
Sl. No.	Preauthorization	Penalty
		4th time - Suspension
2	Mistakes by SAMCO	1 st time - Issue warning letter to the hospital
		2 nd time - Issue show- cause notice to the hospital with penalty of 2% package amount
		3 rd Time - Penalty of 5% of the package amount with show-cause notice to the NWH's MD/CEO
3	Impersonation	Rejection of claims and handing over to Fraud control committee.

2. Penalty for cancellation.

PENALTY FOR PRE-AUTH CANCELLATION		
SL No	Reason for cancellation	Penalty
1	Cancellation due to AM's mistakes	Rs. 50/- case for AM
2	Cancellation due to SAMCO's mistakes	Rs. 200/- case with a warning letter
4	Cancellation without giving valid reasons	5% of approved preauth amount

3. Penalty clauses for co-payment.

PENALTY FOR CO-PAYMENT OF TREATMENT		
SL. NO.	CASE	PROPOSED AMENDMENT
1	Before discharge of the beneficiary the hospital has to refund the collected amount	No penalty
2	Refund the collected amount after discharge and before submitting the claims	Issue show cause notice to the hospital and instruct the SAMCO to

PENALTY FOR CO-PAYMENT OF TREATMENT		
SL. NO.	CASE	PROPOSED AMENDMENT
		rectify
3	(1st Violation) Refunding the collected amount after receipt of complaint by AM/ beneficiary/ representative	Penalty of 2 times of the amount collected, 1 part to be refunded to the beneficiary
4	(2nd Violation) Refunding the collected amount after receipt of complaint by AM/ beneficiary/ representative	Penalty of 3 times of the amount collected, 1 part to be refunded to the beneficiary
5	(3rd Violation) Refunding the collected amount after receipt of complaint by AM/ beneficiary/ representative	Penalty of 4 times the amount collected, 1 part to be refunded to the beneficiary, suspension of empanelment of the hospital.
6	(4th Violation) Refunding the collected amount after receipt of complaint by AM/ beneficiary/ representative	Penalty of 5 times the amount collected, suspension of empanelment
7	Habitual violation	rejection of claims and De-empanelment of the hospital.
8	Denial of treatment	Emergency cases shall not be denied

4. Penalty for Offences.

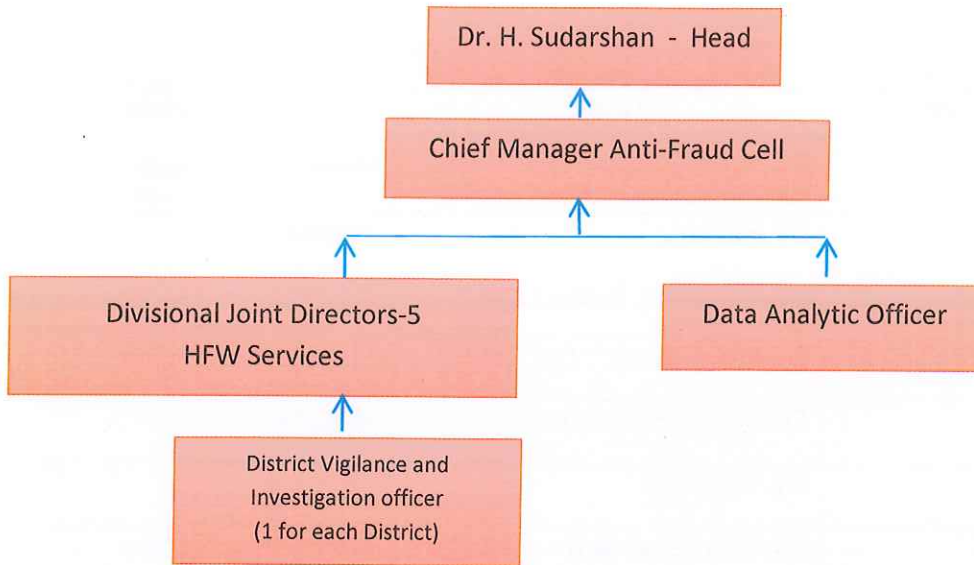
PENALTY FOR OFFENCES			
1	False claims without performing the procedures.	Reject claims	Refer to fraud Cell

5. Committee approved to constitute Anti-Fraud Cell comprising of:

- a) **Dr. H. Sudarshan - Head**
- b) **Chief Vigilance Officer - Chief Manager**
- c) **Divisional Joint Directors-5, HFW Services**

- d) Project Manager, IT, SAST - Data Analytics Officer
 e) District Leprosy Officer- District Vigilance and Investigation Officer (1 for each district).

Organogram of the Anti-Fraud Cell



6. Impose penalty to BLDE Hospital, Bijapur hospital and refund Rs. 43960/- to the patient Kavitha Wadi preauth No. VAS_H_200311088727.

Other decision by the Committee:

- Only for technical error doctors shall be penalised.
- Biometric authentication is mandatory for all beneficiaries (BPL/APL).
- Eligible beneficiaries shall not be treated as non-scheme beneficiaries.
- No denial of treatment for non-availability of bed.
- Awareness for denial of treatment to hospitals from SAST periodically at division level.
- Obtain feedback from patient by means of an self-addressed post card and SMS.

Sub No. 3.7

Constitution of Sub-Committees.

Director (Medical Management) explained that to obtain clarification of the procedure, to prevent duplication, reduction of mis-utilisation and to recommend procedures for emergency procedures and doubts regarding the procedure codes, multiple procedures, false claim of procedures and prolonged stay in the hospital the Expert Committee will analyse the integrity and ability of the data received from the hospital and arriving at a judgement for authorizing the procedure in the best

interest of the beneficiaries specialitywise sub-committees to be constituted and requested for approval of the same.

Decision:

After discussion, Committee felt to have the following specialitywise sub-committees.

Speciality	Name	Members
Cardiology	Dr.Jaiprakash	Member Secretary
	Dr.Harsha	Member
	Dr.Rangaraj Ramalingam	Member
Orthopaedics	Dr.Manjunath , Dir (MM)	Member Secretary
	Dr.Chandrashekhar	Member
	Dr. Roshan	Member
Urology	Dr.Shivashankar	Member secretary
	Dr. Keshav murthy	Member
	Dr. Rathkal	Member
Oncology	Dr. Rangunandan	Member secretary
Radiation	Dr.Siddanna	Member
Medical and Surgical	Dr.Suresh Babu	Member
	Dr.Mahantesh	Member
Neonatal and Paediatrics surgery	Dr.cRegina Joseph, Project Manager	Member secretary
	Dr.cDeepak	Member
	Dr.cKeshav murthy	Member

Meeting concluded with vote of thanks by the Member Secretary.


(N.T. Abroo)

Executive Director and Chairperson
Empanelment and Disciplinary Committee
Suvarna Arogya Suraksha Trust, Bangalore